

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		69853 <sup>10</sup>	3-15-77
FORMALITY REVIEW			3/17/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	6.11.8	5.9
2		2.8.3	1.6.3
3		0.1.0	0.3.0
4		✓	✓
5		✓	✓
6		✓	✓
7		✓	✓
8		✓	✓
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47		✓	✓
48		✓	✓
49		✓	✓
50		✓	✓

Claim	Final	Original	Date
51		6.11.8	5.9
52		2.8.3	1.6.3
53		0.1.0	0.3.0
54		✓	✓
55		✓	✓
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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